



PLEASE PRINT OR TYPE

APPLICANT INFORMATION

Crash Survivor Name _____

His or Her Age _____

Street Address _____

City, State, Zip _____

Home Phone: _____ Business Phone _____

CRASH INFORMATION

Indicate the city where the crash occurred, the date of the crash, and briefly describe how the crash happened and injuries (if any) suffered by the applicant:

City _____ Date _____

Details _____

attach additional page(s) if needed

SUBMITTER INFORMATION

Today's Date _____ Your Name _____

Agency Name and Address _____

Business Phone _____

Please check the safety equipment used:

☐ Air Bag ☐ Bicycle Helmet ☐ Motorcycle Helmet ☐ Child Safety Seat ☐ Safety Belt

☐ Please check here if you'd like the certificate and token gift mailed to your attention. If you don't check here, the certificate and gift will be mailed directly to the applicant.

COMPLETE AND RETURN TO:

Michigan Resource Center
111 West Edgewood Boulevard, Suite 11
Lansing, MI 48911
(FAX) 517-882-7778